UNITED STATES DISTRICT COURT

| | | Die | strict of A | rizona | | | | |
|--|---|---|---------------------------------------|--|----------------------------|--|--|--|
| District of Alizona | | | | | | | | |
| Debra Morales Ruiz; et al., Plaintiff(s) V. | | |) |))) | | | | |
| | | | -)) |)) Civil Action No. CV-23-02482-PHX-SRB (DMF))) | | | | |
| County of Maricopa; et al., | | |) | | | | | |
| | Defendant | (s) | _) | | | | | |
| SUMMONS IN A CIVIL ACTION | | | | | | | | |
| To: (Defendar | nt's name and address) | Jane Doe Dailey | | | | | | |
| A la | wsuit has been file | ed against you. | | | | | | |
| are the Unite P. 12 (a)(2) the Federal 1 | ed States or a Unite or (3) — you must | ed States agency, or an of serve on the plaintiff are cedure. The answer or n | officer or n answer t notion mu | | or plaintiff's attorney, | | | |
| | | judgment by default wil r or motion with the cou | | ed against you for the relief | demanded in the complaint. | | | |
| | | | | CLERK OF COURT | STATES DISTRICTOR | | | |
| Date: | 05/02/2024 | | | Signature of | Clerk | | | |

ISSUED ON 7:16 am, May 03, 2024 s/ Debra D. Lucas, Clerk

Civil Action No. CV-23-02482-PHX-SRB (DMF)

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was ra | This summons for (no ceived by me on (date) | ame of individual and title, if an | ny) | | | | | |
|---------|---|--|---------------------------------|------|--|--|--|--|
| was ice | cerved by the on (aute) | | · | | | | | |
| | ☐ I personally served the summons on the individual at (place) | | | | | | | |
| | | | on (date) | ; or | | | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | | | |
| | , a person of suitable age and discretion who re | | | | | | | |
| | on (date) | n (date), and mailed a copy to the individual's last known address; or | | | | | | |
| | ☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization) | | | | | | | |
| | | | | | | | | |
| | | | on (date) | ; or | | | | |
| | ☐ I returned the sum | nmons unexecuted because | e | ; or | | | | |
| | ☐ Other (specify): | | | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | | | |
| Date: | | _ | | | | | | |
| | | | Server's signature | | | | | |
| | | _ | Printed name and title | | | | | |
| | | _ | Server's address | | | | | |

Additional information regarding attempted service, etc:

Print Save As... Reset